PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 0LYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2929	LOBBYIST	REGISTRATION	L1 (12/14)	THIS SPACE FOR OFFICE USE
1. Lobbyist Name				FEB 042016
Permanent Business Address Seattle City	W A	98118 zip	Permanent Temporary	•
Temporary Thurston County address during legislative session				benveregenail.com
3. Employer's name and address (person or group for which you lobby) 1752 //W Scott to the state of the sta				occupation, business or description of organization
Name and address of person having custody of accounts lobbyist reports. (Person responsible for producing the letter of the		L-3 report.)	E-Mail Addre	1550 Gagil-com.
5. What is your pay (compensation) for lobbying? \$ 2,500 per Session (hour, day, month, year) Other: Explain:		Description of employment (check one Full time employee Part time or temporary employee Contractor, retainer or similar agree Unsalaried officer or member of gro	Sole duty is lobbying Lobbying is only a part of other duties	
6. Are you reimbursed for lobbying expenses? Explain whi ☐ Yes: \$ per ☐ Yes: I am reimbursed for expenses. ☐ No: I am not reimbursed for expenses.	Does employer pay any of your lobbying expenses directly? If yes, explain which ones.			
1	ng legislative session	☐ Other, Explain:		
Yes. The list is of parties attached	the name and address of er. o member or funder has pa	each member or funder who has paid fees	, dues or other	r payments over \$1,450 during either of
9. Does your employer have a connected, related or closely to fund raising events? If so, list the name of that political act No Yes. Name of the committee is:	tion committee.			
If lobbyist is a company, partnership or similar business (143 and 144 for instructions.)	entity which employs others	s to perform actual lobbying duties, list nar	ne of each per	rson who will lobby. (See WAC 390-20-
11. Areas of interest. Lobbying is most frequent before legis or state agencies concerned with following subjects: CODE SUBJECT CODE 01	SUBJECT Health Care Higher education Human services Labor Law and justice	Remarks: Subcontract for		fmertær.

PDC Form L-1 (rev ()2/14)

statement.

08 Fiscal

12. LOBBYIST'S SIGNATURE

CERTIFICATION I hereby certify that the above is a true, complete and correct

DATE

1-22-2016

in this registration statement.

EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE